

Department/Unit must complete and sign this form. Please submit completed form to CoE HR.
 Email: rms727@uw.edu

Out of State Remote Work Request Form (Temporary)

EMPLOYEE INFORMATION			
Name		EID	
Payroll Title:		Supervisor Name:	
Telework Agreement Completed? <i>Professional and Classified Staff Only</i>	Yes	No	
U.S. Work Authorization <i>(if applicable)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Visa Type <i>(if applicable)</i>		Expiration Date	

EMPLOYMENT INFORMATION			
Department/Unit			
Employment Start Date		Employment End Date	
Date Employee out of state starts/started:		Date Employee plans to return to Washington:	

Please explain why the employee needs to temporarily work remotely from outside of the state of Washington:

Please outline what equipment will be used, who is furnishing the equipment, and who will be responsible for support regarding that equipment (Computer, laptop, desk, chair, etc.):

Employee Understands:

I understand that my place of employment is in Seattle, Washington. This is a temporary modification of a position that is located in Seattle, Washington.

This temporary modification is for _____ and I will report back to Seattle, Washington by:

The College of Engineering is allowing this temporary modification at its sole discretion and retains the discretion to grant or deny permission to perform work away from my place of employment at any time.

Future roles/positions in the College or at the University may require my presence in Seattle, Washington.

I am taking sole responsibility for all my tax liability including but not limited to compliance with all local tax laws and I will remain in compliance with all local laws and I am responsible for financial or any other consequences of my failure to comply with any law.

The College of Engineering and University have not and are not able to provide me with any legal or tax advice regarding compliance with any local tax laws, certification laws, immigration laws, or any other laws that may apply to me.

I understand that working out of state makes me ineligible for PFML, Washington State Unemployment Insurance, Workers Compensation and other state benefits.

I understand that my benefits could be impacted by choosing to work out of state.

I understand that I am responsible for returning all University equipment and property upon separation from the University.

I will update my work location in Workday.

I understand that I may have to adjust my working hours to fit with Pacific Standard Time.

Employee Signature:

REQUESTING EMPLOYEE CERTIFICATION

By signing this form, I certify that the information I have provided is accurate and complete.

Signature _____	Date _____

SUPERVISOR & DEPARTMENT APPROVAL

Supervisor Approval		
Department/Unit Chair Approval	Signature	Date

Dean's Office:

Reviewed by

Name

Date

Decision/Comments